

City Of Boston
Office of Civil Rights

Thomas M. Menino
Mayor

Dion S. Irish
Executive Director



DIVISIONS
Fair Housing Commission
Human Rights Commission

INTAKE FORM

This form is for intake purposes ONLY and does not indicate that the Office of Civil Rights or its Commissions have accepted this report as a valid complaint

CONTACT INFORMATION:

[] Mr. [] Ms. [] Mrs. First Name: _____ Last Name: _____

Home Address: _____ City _____ State _____ Zip: _____

Phone: _____ E-mail _____

Additional Contact Information: _____

SPECIAL CIRCUMSTANCES: (e.g. Translation, Reasonable Accommodation) _____

COMPLAINT TYPE:

Please check off appropriate line:

[] Public Accommodation [] Employment [] Housing [] Education [] CORI
Ordinance
[] Other _____

Please check off the appropriate area below if you believe it played a role in your complaint:

[] Race [] Color [] National Origin [] Age [] Sexual Orientation [] Criminal Record
[] Gender Identity [] Disability/Reasonable Accommodation [] Retaliation [] Children
[] Religion [] Familial status [] Marital status [] Military status [] Sex [] Source of Income

Issue/Information Summary:

If this complaint is housing related, please state the address of the subject dwelling and provide the owner or agent information.

If this complaint is employment related, please state the name and address of the employer.

Office Use Only:

If the complaint is accepted, please note next steps: _____

Referred to (see referral guide): _____

NOT DISCRIMINATION: ☐ Landlord/tenant ☐ Eviction ☐ Homelessness
☐ Housing Search ☐ Public Housing
☐ Conditions/Inspection ☐ Other _____